NEBRASKA AMBULANCE

AND RESCUE SERVICE

INFORMATION SYSTEM

(NARSIS)

General Instructions

Patient Encounter Forms

January 2000

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

Version 1

The Nebraska Ambulance and Rescue Service Information System (NARSIS) has been redesigned to better meet the needs of patients and Emergency Medical Services (EMS) personnel.

The new design includes facets of the old NARSIS forms as well as statewide input gathered from EMS personnel and services.

The "NARSIS Stakeholders," a well-organized group of EMS providers from across the State, gathered input from EMS personnel and services. "No matter what form or system is used, give us more education on how to better document patient care activities" was the loudest message heard. To this end, the EMS Program has developed an educational program called "The Write Stuff."

The users of the NARSIS system wanted a form that had more check boxes, more narrative space, a human figure to indicate the area of illness or injury, a motor vehicle for crash information and one form that works for all levels of service licensure.

The need for a system that is up-to-date with computer technology has also been a guiding factor in redesigning the NARSIS system.

The EMS Program and Health Data Management Section would like to thank the NARSIS Stakeholders Workgroup for their dedication and work towards the creation and implementation of the new NARSIS form.

The new NARSIS system also meets the needs of the Statewide Trauma System, Emergency Medical Service for Children (EMSC) and the call from the National Highway Traffic Safety Administration (NHTSA) for a unified national data set which improves the effectiveness of out of hospital emergency medical care.

If you need assistance with NARSIS please contact your regional Emergency Medical Services Specialist or the NHHSS Data Management Section. The regional specialists may be reached at the following numbers:

Southeast
800-422-3460 ext. 25
402-471-3578

Northeast
800-634-2403
402-372-2524

North Central
800-642-4095
308-865-5600

Metro
800-422-3460 ext. 21
402-471-0119

South Central
877-669-0763
402-224-3298

Western
800-572-7239
308-535-8095

NHHSS Data Management Section may be reached at 800-422-3460 ext. 27 or at 402-471-3575.

THE NARSIS FORM

The NARSIS form is a five-page form printed on NCR paper or "carbon-less" carbon paper. The pages are described as follows:

Page 1: The front of the template.
Page 2: Critical Incident Stress Management Information.
Page 3: The narrative page.
Page 4: The patient refusal of care page.
Page 5: A carbon copy of the narrative page.
Page 6: Glasgow Coma Scale, Adult Trauma Scale, Pediatric Trauma Scale,
       APGAR scoring and the Guidelines for Critical Burns.
Page 7: A carbon copy of the narrative page.
Page 8: The front and back of the template.
Page 9: A carbon copy of the narrative page.
Page 10: Codes for the trauma or medical patient as found on the front of the template.

> ➤ Each page of the NARSIS form is numbered in the lower right hand.
> ➤ Each question or section of the NARSIS form is explained in this manual.
> ➤ A "♦" indicates an explanation to a question or section on the NARSIS form.

EMS Rules and Regulations require certain patient care elements to be reported on a patient care documentation form. **These required elements are highlighted on the NARSIS form.** Each of the highlighted sections on the NARSIS form is highlighted in this manual.

It is the recommendation of the EMS Program and Health Data Management Section that each page be utilized in the following fashion.

♦ The template is utilized in one of two ways after the information is recorded in the appropriate data square(s). One, discard the template, or two, file the template with the patient care record in the service file.

♦ The first two narrative copies are for the Service and the State of Nebraska. The first page is kept in departmental files and the second page is filed with the Health Data Management Section of NHHSS at P.O. Box 95007, Lincoln, NE. 68509-5007.

♦ The third and fourth narrative copies are left at the receiving facility. The third copy is kept in the facility's patient record. The fourth copy, after a diagnosis and/or outcome of the patient is given, is returned by the receiving facility to the Health Data Management Section.

Page One – "Front of the TEMPLATE"

Purpose:

A quick and easy guide for gathering common data or information. The template is an overlay page covering the narrative page. The answer(s) to each question is placed in a box(es) in the left or right outer margin. Some of the answers are on the backside of the last page. Simply flip the entire NARSIS form over, locate the information desired and record the findings. Once this page is completed, it is to be torn off and discarded or filed in the services patient care record.

Description of each question asked:

General questions for both the trauma and medical patient

- Level of Licensure/Service – At what level is the service licensed? If the service holds a dual license, then what level of care is being delivered to the patient?
- Street Type – If the incident involved a street, what type was it?
- Response Area – What type of geographic area was involved in this call?
- Location of Call – What was the "location type" of the call?
- Mechanism of Injury or Illness – "The Cause" - What caused the patient to be injured or become ill?
- What is wrong with the Medical or Trauma Patient – What type of injury or illness does the patient suffer? The answers to this question are on the backside of the last page.
- Severity of Medical or Trauma Codes – How severely injured or ill is the patient?
- Race – What is the Race of the patient?
  Race is a critical area for epidemiological reasons. It is important to understand what types of illness or injury effects different races of individuals in order to target prevention efforts. Additionally, the national EMS data set also requires the inclusion of race as a data element for cross comparisons both nationally and regionally. Hispanic and Hispanic non-white refers to those individuals who are Hispanic "culturally" as opposed to those who are Hispanic "racially," those individuals will self designate.
- Care Refusal – How did the patient refuse evaluation, treatment and/or transportation? If the patient did not refuse evaluation, treatment and/or transportation then the "N/A" number is listed in the left margin.
- Special Factors Affecting Care – Were there any factors that created some difficulty in evaluating, treating and transporting the patient?
- Time for Extrication – Once extrication began, how long did it take to extricate the patient?
- Outcome of Call – What was the final outcome of the call?
- Type of Medical Control – What type of medical control authorized treatment?
- Receiving Hospital Contacted – Was the receiving hospital contacted?
- Diverted – Was the call diverted to another facility?
- Drug Therapies – Which drug(s) were used? This section is not just for ALS providers. There are drugs such as oxygen listed that apply to the BLS level provider.
- IV Therapies/Fluids – What type of IV therapy(s) or fluid(s) were initiated or monitored?
- Field Interventions Performed – What intervention(s) were performed?

4

Cardiac Data

- Symptoms Prior to Arrest – Did the patient speak of any symptoms prior to the arrest?
- Arrest Witnessed – Did someone witness the arrest?
- Witness of Cardiac Arrest – Who witnessed the arrest?
- Arrest to Call – How long was the patient in arrest prior to EMS being called?
- Arrest to time of first CPR – How long was the patient in arrest prior to CPR being started?
- Pre-EMS Arrival CPR Data – Who provided the first CPR prior to the arrival of EMS?
- Call to Responder CPR – How long was the patient in arrest prior to the first CPR by an EMS responder?
- Arrest to Defibrillation – How long was the person in arrest prior to defibrillation?
- Number of Pre-EMS Shocks Delivered – How many shocks were delivered prior to EMS arrival?
- Pre-EMS Shocks Successful? – Were the pre-EMS shocks successful?
- Number of EMS Shocks Delivered – How many shocks were delivered by EMS?
- EMS Shocks Successful? – Were the EMS shocks successful?
- Arrest to ALS/ACLS – How long was the person in arrest prior to ALS/ACLS?
- Time CPR Discontinued – How long after CPR was started was the decision made to cease CPR?
- Pulse restored prior to the hospital – Was the pulse restored prior to arrival at the hospital?
- Pulse restored at hospital – Was the pulse restored at the hospital?

Trauma System Activation and Patient Data

TRAUMA SYSTEM ACTIVATION – APPLY TRAUMA BAND

When the trauma system is activated a "identification band" will be attached to the patient. This "band" will identify the patient throughout the entire trauma system. The "band" could be applied by various persons such as: law enforcement personnel, out-of-hospital providers, in-hospital-providers, etc.

The chart guides the field provider with a statewide protocol on evaluating their patient(s) as to whether or not the trauma system is activated. Each of these criteria are designed both for the pediatric and adult patient.

- Vital Signs and Level of Consciousness – Activate Trauma Protocols and Contact Medical Control

  What are the vital signs and level of consciousness of the patient? Once these signs and symptoms are ascertained then the out-of-hospital provider is to Activate Trauma Protocols and Contact Medical Control.
- Anatomy of the Injury – Activate Trauma Protocols and Contact Medical Control

  What is wrong with the patient? Once the anatomy of injury is ascertained then the out-of-hospital provider is to Activate Trauma Protocols and Contact Medical Control.
- Assess Biomechanics of the Injury – Consult Medical Control for System Activation

  What caused the patient's injury(s)? Once the biomechanics of injury are ascertained then the out-of-hospital provider is to Consult Medical Control for System Activation.
- Other Risk Factors – Consult Medical Control for System Activation

Once the other aggravating circumstances are ascertained, if any, then the out-of-hospital provider is to Consult Medical Control for System Activation.

♦ Who Activated the Trauma System – Who chose to activate the trauma system?

Page 2 – "Critical Incident Stress Information"
Purpose
A page to assist out-of-hospital provider with information about the Critical Incident Stress Management program.

Description
General information about the signs and symptoms of critical incident stress and the phone numbers of the Nebraska State Patrol Troop areas in order to request the assistance of the Nebraska Critical Incident Stress Management Program.

Pages 3, 5, 7 and 9 – "Narrative Pages"
Purpose
The narrative page tells the rest of the story about the patient as well as other pertinent service and hospital information that the EMS provider deems important such as scene description, medications, etc.

Description of each question asked
♦ Service – The Service Name
♦ Unit # – Number of the EMS unit responding to the call
♦ Incident # – Unique incident number as assigned by the local system
♦ Patient Care # – Unique patient care number as assigned by the local system
♦ Response # – Unique response number as assigned by the local system
♦ Trauma Band # – Unique patient identifier as assigned via the statewide trauma system
♦ First Name – Patient's first name
♦ Middle Initial – Patient's middle initial
♦ Last Name – Patient's last name
♦ Gender – Patient's gender
♦ SS # – Patient's Social Security Number
♦ Home Address – Patient's home address
♦ City – Patient's home city
♦ State/Country – Patient's home State or Country
♦ Zip – Patient's home zip code
♦ DOB – Patient's date of birth
♦ Age – Patient's age and whether they are "Minutes, Hours, Months or Years" old (i.e.- an infant born in the ambulance would be "X" minutes old.)
♦ Incident Address or Location – Incident address or location
♦ City – Incident city
♦ County – County of incident
♦ Zip – Incident zip

- BSI Devices – Body Substance Isolation (BSI) devices used by the EMS provider to protect themselves
- Dispatched as – What's wrong with the patient as indicated by the dispatcher
- Chief Complaint and/or Signs & Symptoms – Patient's chief complaint and/or signs and symptoms
- Temperature – The temperature of the patient
- Weight – The weight of the patient
- Date & Time of Symptom Onset – Date and time of patient's symptom(s) onset
- Date & Time Dispatch Notified – Date and time at which dispatch was notified
- Date & Time of Call – Date and time when service was notified
- Time Ambulance En Route – Time when the unit was responding
- Response Code to Scene, 1 or 3 – Travel code to the scene
- Time First Responder at Scene – Time at which the First Responders arrived at the scene
- Time Arrived at Scene – Time at which the unit arrives at the scene
- Time Arrived at Patient – Time at which EMS personnel accesses the patient
- Time Unit Left Scene – Time the unit leaves the scene
- Transport Code to Destination, 1 or 3 – Travel code to the receiving facility
- Time Unit at Destination – Time arrived at receiving facility
- Time Unit Back in Service – Time when the unit is available to receive another call
- Time Unit Back at Station – Time when the unit is back at station
- Position – The position the patient was in when the vitals signs were taken
- Time – Time when the vitals signs were taken
- Pulse – Patient's heart rate
- B.P. – Patient's blood pressure
- Resp. Rate Own/Assisted – Patient's respiratory rate or assisted respiratory rate
- O2 Sat – Patient's blood oxygen saturation
- L.O.C. – Patient's level of consciousness
- Respirations – The character of patient's respirations
- Skin – The condition of the patient's skin
- Breath Sounds – The patient's lung sounds
- Pupils – The status of the patient's pupils
- Splints & Immobilization – Means used to splint or immobilize the patient
- Airway Control – Means through which the patient's airway was maintained
- Abdomen – The condition of the patient's abdomen
- Patient History/Pre-existing Conditions – Brief patient history or any pre-existing conditions
- Wound Care – Means through which wounds were cared for
- Signs and Symptoms and/or Chief Complaint – Patient signs and symptoms and/or chief complaint
- Human Figure – A means of indicating where the patient is sick or injured
- Crash Data – Information concerning patients involved in crashes and the safety devices used
- Patient Medications – Medications taken by patient
- Allergies – Patient allergies
- Glasgow Coma Score – Coma score of all patients. This formula is found on the page 6.

- Pediatric Trauma Score – Trauma score of pediatric patients. This formula is found on the page 6.
- Adult Trauma Score – Trauma score of adult patients. This formula is found on the page 6.
- Medications and I.V. Therapy – Narrative of medication(s) and/or I.V. therapy(s)
- Time – The time when the medication(s) and/or I.V.(s) were administered
- Type – The type of medication(s) and/or I.V.(s) administered
- Dosage – The dosage of medications(s) and/or I.V.(s) administered
- Route – The body area selected for the administration of the medication(s)
- Rate – The rate at which the medication(s) and/or I.V.(s) is administered
- Gauge – The size of needle used in administering the medication(s) or I.V.(s)
- Location – The body area selected for the administration of I.V.(s)
- Am't Infused – The amount of medication(s) or I.V.(s) infused
- Medic – The identification of the medic who administered the medication(s) or I.V.(s)
- Narrative – Written description of patient care. If the NARSIS form does not allow enough room for a lengthy narrative use a supplemental form.
- Receiving Facility or Location – Facility where the patient was taken
- Received By – Person to whom EMS personnel transferred care
- Attend ED Physician – Emergency department physician caring for the patient
- Family MD – Patient's family physician
- Insurance Information – Insurance data
- Name or Code # of EMS Primary Care Giver and Team Members – name or code number of primary EMS care giver and their team members
- EMS Medical Control MD – The physician whose protocols were employed to care for the patient
- Diagnosis and Outcome – The hospital diagnosis and outcome of the patient. THIS SECTION IS USED BY THE HOSPITAL ONLY.
- Beginning Mileage – Beginning mileage of call. This can also be used for the beginning mileage when the patient is on board the ambulance
- Ending Mileage – Ending mileage of the call. This can also be used for the destination mileage to where the patient was transported
- Total Mileage – Total mileage of the call. This can also be used for the total patient on board mileage

Page 4 – "Medical Release"

Purpose
When a patient refuses evaluation, treatment and/or transportation by EMS personnel the medical release is used.

Description of the release
The release is divided into the four areas of Criteria, Procedure, Release of Liability and Witness. Each area guides EMS personnel through the appropriate steps necessary for their patient to refuse evaluation, treatment and/or transportation.

Page 6 – "Scales"

Purpose

A listing of rating and/or measuring devices used on various types of patients.

Description of each scale

- Glasgow Coma Scale – A scale used to rate the severity of injury or illness.
- Adult Trauma Scale – A scale used to rate the effects of trauma to an adult patient.
- Pediatric Trauma Scale – A scale used to rate the effects of trauma to a pediatric patient.
- APGAR Scoring – A scale used to measure a child's health at the time of birth.
- Guidelines for Critical Burns – A scale used to measure percent of burns on an adult or pediatric patient.

Page 8 – "Hospital Guide"

Purpose

A page to assist hospital personnel to understand the out-of-hospital provider's documentation found in the margins of the patient care record.

Description of each question asked

A compilation of the questions asked and the answer codes from page one and ten.

Page 10 – "Trauma and Medical Codes for the Template"

Purpose

A listing of codes, used to answer questions on the template, which indicates the patient's traumatic and/or medical problem(s).

Description of the coding systems

The coding systems are broken into **Trauma** and **Medical Sections**.
For example:

       A person with an amputated upper extremity is coded with "109."

       A person suffering a CVA/Stroke is coded with "240."

"Supplemental NARSIS Form"

Purpose

Page(s) for the out-of-hospital provider to complete patient care documentation begun on the original NARSIS form.

"Other"

➢ **Form Usage**

Please use only one NARSIS form per patient, but as many supplemental forms as necessary to complete your documentation. <u>Do not put multiple patients on one NARSIS form.</u>

➢ **Business Reply Envelope**

A preprinted postage paid envelope for mailing completed NARSIS forms to the following address: NHHSS – R & L – Data Management Section

301 Centennial Mall South

P.O. Box 95007

Lincoln, NE. 68509-5007

➢ **Supplies**

The NARSIS form, supplemental form and business reply envelope may all be obtained from the Kearney EMS Office by calling 800-642-4095 or 308-865-5600.

➢ **Data Submission**

The preference of the NHHSS is to have all NARSIS data submitted monthly. Minimally the data must be submitted quarterly. January 31st of the following year is the deadline for all NARSIS data to be submitted.

➢ **NARSIS Data**

NARSIS data includes the NARSIS software disk as well as the State copy of the NARSIS form. Both software and paper are needed to complete E-coding. ("E-coding" is the process of coding the external cause of injury.)

➢ **Software**

Two forms of software support the new NARSIS form. The old NARSIS software as well as a "Microsoft Access" databases supports the new NARSIS form. Please contact the Data Management Section in order to obtain either version. Services must own their own Microsoft Access license.

➢ **Reports**

The NHHSS Data Management Section can create various types of reports based on the data submitted. Primarily there are three types of reports: Statewide, Regional and Service Specific. The reports may be obtained free of charge by contacting the NHHSS Data Management Section at 800-422-3460 ext. 27 or 402-471-3575.

➢ **QUESTIONS**

DO NOT HESITATE TO CALL YOUR REGIONAL EMS SPECIALIST OR THE NHHSS DATA MANAGEMENT SECTION AT THE PHONE NUMBERS LISTED ON PAGE 2.